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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known				
				Application Number 0		09/902,899-Conf. #9648		
				Filing Date July 11, 2001				
For FY 2005				First Named Inventor Steven C. An		endola		
FOI F1 2005				Examiner Name A		A. D. Neckel		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1		1764		
TOTAL AMOUNT OF PAYMENT (\$) 1,240.00				Attorney Docket No. N		M4350.0035/P035		
METHOD OF PAYMENT (check all that apply)								
Check x	Credit Card	Money Order	None	Other (please ide	ntify):		
Deposit Accour	nt Deposit Account N	Number: 04-1073 Depo	sit Accou	ınt Name: Di	ckstein S	Shapiro Morin &	Oshinsk	y LLP
For the abo	ve-identified depo	sit account, the Direc	tor is t	nereby authorize	ed to: (che	eck all that apply)		
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
	e any additional founder 37 CFR 1.	ee(s) or underpaymer .16 and 1.17	nt of	x Credit	any over _l	payments		
FEE CALCULAT	ION							
1. BASIC FILING, S	SEARCH, AND EX	CAMINATION FEES			-			
	FIL	ING FEES	SEAF	RCH FEES	EXAMI	NATION FEES		
Application Type	Fee (\$	Small Entity Fee (\$) Fe	ee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	. 0	0	0	-	
2. EXCESS CLAIM	FEES	a .						Small Entity
Fee Description Each claim over 20	(including Reissu	ıes)	i				Fee (\$) 50	Fee (\$) 25
Each independent ci	•	•	•				200	100
Multiple dependent	claims	:					360	180
Total Claims			ee Pa	aid (\$) Mul		ultiple Depende	iltiple Dependent Claims	
= x =				Fee (\$)			Fee Paid (\$)	
								_
Indep. Claims	Extra Claims		ee Pa	<u>ia (\$)</u>				
3. APPLICATION S	IZE FEE							
		ceed 100 sheets of pa	aper (e	excluding electro	onically f	iled sequence or	computer	
_	\ ///	he application size for 5 U.S.C. 41(a)(1)(G)		,	or small	entity) for each ac	ditional 5	0
Total Sheets	Extra Sheets			litional 50 or frac	tion there	of Fee (\$)	Fee	Paid (\$)
	00 =			round up to a who			:	
4. OTHER FEE(S)		. ,					Fees	Paid (\$)
Other (e.g., late filing surcharge): 1252 Extension for response within second month 1801 Request for continued examination (RCE) (see 37							450.00 790.00	
SUBMITTED BY	18	2)						
Signature	1//			legistration No. Attorney/Agent)	32,115	Telephone	(202) 775-4786	
Name (Print/Type) Ja	me (Print/Type) James W. Brady, Jr.					Date March 7, 2006		7, 2006